STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0067			(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		CO	(X3) DATE SURVEY COMPLETED 10/05/2010	
ME OF PR	OVIDER OR SUPPLIER		STREET ADO	RESS, CITY,	STATE, ZIP CODE		
	OLLACK PROJECT	r, INC		RGIA AVEN			
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S 000	Initial Comments		•	S 000			
	Ocotober 4, 2010, survey findings we and staff interview twenty (20) persor of twenty (20), six on a census of six record based on a The Agency was r Chapter 16, Stand Services for Child cited. 1602.5 BOARD O Members of the B as determined by background investigation of the Board were determined by let background investigation.	oard shall be of goo letters of reference :	2010. The reviews swere in a census ord based er child in Title 29 Care and incies were in a criminal inced by; the intermediate of criminal out of	S 011	S 011 The Martin Pollak will require all new incom Board Members to obtain submit to this agency requirement of references and police clearance and criming ground investigation prior becoming a MPP Board in The MPP Board Member begun providing written rand by 11/4/10 MPP will that all references are recard submitted to DOH.	and and required inal back r to nember, #I has references I ensure	11/4/10 COMPLETED
	The findings included. 1. Review of the October 5, 2010, revealed no evided During a face to foctober 5, 2010, was acknowledge.		record on :12 a.m. erence. :e on :30 a.m., it	3	Board Member #1 has ap for DC police clearance and by 11/4/10 MPP will provide the results to DO If the results are not received. On time, the Board Mem Will be removed from the Board until the results are Received.	II H. 11 ived Fi ber No	/4/10 BI Results of received emoved from pard
aith Regu	ation Administration	11111		,	TITLE		(X8) DATE
		MIDER/SUPPLIER REPRE			HR Directo		y-may are refa

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STATE FORM

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/S IDENTIFICATION NUMB CPA-0067			(X2) MULTIPLE CONSTRUCTION A BUILDING B WING		(X3) DATE SURVEY COMPLETED 10/05/2010		
AME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY.	STATE, ZIP CODE			
	POLLACK PROJECT	, INC		ORGIA AVENUE NE GTON, DC 20011				
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S 011	Continued From pa	ige 1	3	S 011				
5 256	2. Review of the Board Member #1's record on October 5, 2010, at approximately 10:12 a.m. revealed no evidence of criminal background investigations. During a face to face interview with the on October 5, 2010, at approximately 11:35 a.m., it was acknowledged Board Member #1's record did not contain evidence of criminal background investigations. 1620.8(c) Adoptive Home Study Services (c) Update the medical reports on all members of the household; and This CONDITION is not met as evidenced by: Based on record review and interview, the Child-Placing agency failed to ensure an update the medical reports on all members of the household for one (1) out of six (6) foster homes		2 a.m. round on 5 a.m., it record kground es embers of ced by: the n update he ter homes.	S 256	S 256 1620.8(c) S256 1. Foster Home #1, member #2 -This citation noted an absence of a medical report. The Marti Pollak Project previously secured a current physical for member #2. This physical, which was notated on a Government of the District of Columbia- CFSA Health Certificate for Adults, is dated 8/19/2009, and states that member #2 is in good health and free from communicable diseases. This document was	:		
	The findings includes: Review of the foster care service record for Foster Home #1 on October 4, 2010, at approximately 12:15 p.m. revealed no evidence of an update medical report on Household Member #2. During a face to face interview with the Administrative Assistant on October 5, 2010, at approximately 11:30 a.m. it was acknowledged that Household Member #2 did not have an updated medical report on file.				previously obtained and filed in the headquarters office. This document has been filed in the ongoing Foster Care record in the DC office as of 10/29/10. This deficiency will be addressed by the examination opervious internal audits and the increase in review of future ongoing audits to ensure that all documents are filed appropriately in all ongoing Foster Care records.	f		

Health R	egulation Administr	ation				, older and to to to
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/05/2010
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S 464	Continued From p	age 2	7	S 464	S 464 1639.4(t) S464	_
S 464	1639.4(t) Foster H	ome Study	no are verificial de la constante de la consta	S 464	1. Foster Home #1, member #1	
	(t) Clearance with the child abuse and neglect registry and record of criminal convictions, if a This CONDITION is not met as evidenced by Based on record review and interview, the Child-Placing Agency (CPA) failed to ensure a foster home household member had a record criminal conviction, if any, on file for one (1) of the six (6) foster homes in the sample (Foster Home #1/ Household Member #1 and #2) The findings include: 1. Review of Foster Home #1's service record on October 4, 2010, at approximately 11:45 a revealed Household Member #1's criminal background check dated September 17, 2005				-This citation noted that Household member #1 completed a FBI criminal background check dated 9/17/2009. This document listed a criminal charge in Fairfax, Virginia. This document is only one page and does not generally provide addition information on the disposition. The Director of Foster Parent Services cross referenced this charge with a charge that was previously	11/4/10) Completed description provided
	However the secondescribing the type available for review During a face to fa	ace interview with the	t was not		obtained from Clarksburg, Wes Virginia providing the full deta- of the arrest. The full FBI report is in the Foster Parent	
	approximately 10: Household Memb- check did record of Virginia, however the type of crimina	Administrative Assistant on October 5, 2010, approximately 10:25 a.m., it was confirmed to thousehold Member #1's criminal background theck did record criminal activity in Fairfax //irginia, however the document that describe the type of criminal activity was unavailable for the confirment.			record and identifies three charges relating to assault and battery, and destruction of property- which occurred on January 3, 2006. The report	
	the type of criminal activity was unavailable for review by the surveyors. 2. Review of Foster Home #1's service records on October 4, 2010, at approximately 11:50 a.m., revealed Household Member #2 did not have a criminal background check in the service record.			Additional management and the state of the s	states, "For which there is no final disposition stated on the record or otherwise determined."	

During a face to face interview with the

Health R	egulation Administra	ation ·				FORM APPRI	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY,	STATE, ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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S 464	Continued From pa	ide 3	1	S 464			
	Administrative Assistant on October 5, 2010, at approximately 10:30 a.m., it was confirmed that Household Member #2's criminal background check was not in the service record.						
\$ 510	1643.3(b) Supervis Homes	ion Of Children in Fo	ster	S 510			
	child(ren) in care to medical and dental supervision shall in	ropriate health super include at least ann examinations. This clude emergency an correction of remedia shild.	ual d routine		2. Foster Home #1, member#.) 2	
	This CONDITION is not met as evidenced by: Based on record review and interview, the Child-Placing agency failed to ensure foster children had annual medical evaluations for two (2) out of six (6) foster children (Foster Children #2 and #4) and an annual dental examination for (1) out of six (6) foster children. (Foster Child #2) The findings include: 1. Review of the foster care services records for Foster Child #2 on October 4, 2010, at approximately 11:15 a.m. revealed no evidence of a current medical evaluation.				-This citation noted that Household member #2 does n have proof of a criminal background check in the Fost Parent Record. On 12/29/200 Foster Parent Services spoke		
					with Foster Home #1, the primary parent in this foster home, who stated that membe	TANK AND	
				And the state of t	#2 was away at George Mason University in Virginia and is only home on some weekends		
	Administrative Ass approximately 10:3	ce interview with the istant on October 5, 30 a.m. it was ackno 2 did not have a curr	2010, at wiedged	a managementality.	and holidays. Due to member #2 school and work schedule has been difficult to obtain the necessary clearances. Member 100 Child Park 100 Chil	it >	
		oster care services n	ecord for	1	#2 Child Protective Registry Clearance has been submitted	to	

Foster Child #2 on October 4, 2010 at approximately 11:25 a.m., revealed no evidence

Child and Family Services on 10/6/2010. Foster Parent

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIF A. BUILDING B. WING	PLE CONSTRUCTION	(X2) DATE SURVEY COMPLETED 10/05/2010	
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\$ 510	Administrative Assapproximately 10: that Foster Child # evaluation on file. 3. Review of foster Foster Child #4 or revealed no evide evaluation. During a face to fadministrative Assat approximately	I evaluation. Ice interview with the sistant on October 5, 35 a.m. it was acknown action of the services record to October 4, 2010 at note of a current mediate interview with the sistant (AA) on October 4, did not have a current action.	2010, at owledged rent dental	S 510	Services has contacted Foster Home #1 on multiple occasion and has now provided Foster Home #1 with the expectation that Foster Home #1 will be placed in inactive status as of November 30 if member #2 does not complete DC and FB fingerprints. At this time member #2 to reside out of the home and on campus in Virginia. To ensure that this issue does not reoccur, The Martin Polla Project has developed a new policy stating that no foster home will be licensed or re- licensed without the necessary clearances for all individuals who hold permanent residence in the home, regardless of nig spent at that location.	11/4/10 Completed Background clearance 11/4/10 Foster Home Placed On Inactive Status on k 11/8/10 Confinued an page 9

lealth R	equiation Administra	ation		·		
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/05/2010
		CPA-0067				10/03/2010
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S 510	Continued From pa	age 4		S 510	S 510 Plan of Correction for Child #2: Current Physical & Dental Examination There has been an ongoing challenge to get Foster Child #2 a physical and dental. Foster Child #2 refuses to engage in a physical or any other services that are offered by MPP. Although a discussion was held with Foster Home #6 regarding the need for an updated physical evaluation, Foster child #2 continued to refuse to cooperate. When a plan was created whereby a male would accompany Foster Child #2 to physical evaluation, he finally agreed. A physical examination will take place by November 2, 2010, MPP's Community Resource Specialis will accompany the Foster child #2 to ensure the plan is executed as agreed upon. Upon completion documentation shall be placed if the Foster Child #2 chart and said information shall also be documented in the Medical Screen in FACES. A dental examination will be completed by 11/4/10 In the future, Foster Child #2 will not be out of compliance due to mutual review of the chart by the assigned social worker and supervisor and through oversigh by the Quality Assurance Manager.	11/2/10 Physical Completed 11/4/10 Dental not completed Child left MPP
			•			<u> </u>

ATEMENT OF DEFICIENCIES OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CPA-0067		(X2) MULT A. BUILDII B. WING		(K3) DATE SURVEY COMPLETED
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\$ 510	Continued From p	age 4		S 510	S 510 Plan of Correction for Child #4: Current Physical Examination	
			3.		supervisor and through oversig by the Quality Assurance Manage	a a be a completed at the complete at the comp
				-	S 510 Plan of Correction : Child #4: Current Den Examination	
					The Foster Home #6 will cont Small Smiles on Mond November 1, 2010 to secure dental appointment for Child and it will occur prior to Novem 2, 2010. The Foster Home #6 stated that she will accompa Foster Child #4 to Foster Child dental examination. This der examination will take place wit 30 days.	ay, a #4 11/2/10 ber Dental Completed has has hay #4

TATEMENT	equiation Administr Officericiencies of Correction	(X1) PROVIDER/SUPPLIDENTIFICATION N	umber:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/05/2010		
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***************************************	Continued From p			S 510	The documents from this evaluation will be placed Foster Child's #4 chart ar same information will be e into FACES into the macreen. In the future, Foster Child # not be out of compliance du mutual review of the chart is assigned social worker supervisor and through over by the Quality Assurance Man	in the in the id the intered edical 4 will e to a by the and reight		
·					,	And the state of t		

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		To the second control of the second control		In an effort to ad outstanding criminal issues in foster than has placed this how inactive status and there are no foster currently placed in Inactive status me MPP will not considered the placement children until all issues have been resourced in the placement children until all issues have been resourced of legal document of the full distributed of this document in Fairafar, VA in 200 receipt of this document of this issued for the Department all other to the Department all other purposes of approval of Fister theme # 1. Inot place any children theme # 1 until an invesponse is received for Department of Health and response is received for the Department of Health and response is received for the Department of Health and the purposes is received for the Department of Health and the purposes is received for the Department of Health and the purposes is received for the place and the purposes is received for the page of the purpose is received for the page of the purpose is received for the page of th	background me # 1, MPP ensured that which home of foster oustarding solved. The cosue is the encentation is position for ensured that encentation of the life of Health, for and reachies of position of the life ensured the ensure